

57
Asthma Convulsivum

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H. M. Tucker

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admitted March 23d 1822

March 2nd 1892

Admiral Curzon

My dear Sir

No 76

I

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W. E. M.

An

Inaugural

Thesis

on

Asthma

By

W^m E. Gaines

of

Virginia

The Thesis is the whole good; Specting at
page 7 faulty, at the place scored.

Copy. March 27 1897
to S. H.

1

Asthma is defined a difficult respiration returning, at intervals with a stricture across the breast, a wheezing, hard dry cough at first, but as the paroxysm declines, expectoration comes on and the cough is more free and less distressing which is followed by a remission.

The causes of asthma are numerous and may be divided into those which act directly on the lungs and those which act indirectly through the medium of the general system -

Of the former are offensive matters brought in contact with the lungs in respiration as the vapour of lead, arsenic &c, the smell of Scheele's gas excited a Paroxysm, and Dr Chopman mentions the case of a student of medicine

who could not weigh out this article without being attacked with a paroxysm, this high degree of sensibility of the lungs arising from idiosyncrasy seems to have been more easily called into action by the odour of specac than by other substances which are more offensive, and which in all probability, would excite a paroxysm in other asthmatics more readily than Specac-

These peculiarities of constitution should be taken advantage of in guarding against the exciting causes; the irrespirable gases, especially carbonic acid gas will bring on a fit, the state of the atmosphere has a great influence in the production of this disease and Sir John Floyer in speaking of his own case, says he lived twelve years

in Oxford during, which time he suffered comparatively little from asthma but whenever he visited Staffordshire, his native place, that he was attacked with two or three paroxysms, this is a fine illustration of the influence of different situations over the asthmatic, the rarity of the atmosphere increases the susceptibility to this disease and if it already exist, it is aggravated by the ^a rarefaction, for as the rarity is augmented so is the pressure on the lungs diminished as well as the quantity of oxygen which is afforded the pulmonary apparatus thereby producing this laborious respiration; It is stated by writers that travellers have suffered much from this cause when they were travelling over very high mountains

and Dr Chapman in a note on respiration in Richardson mentions a very interesting case of this kind, which he derived from the writings of DesSaunders; for it appears when this writer was travelling over Mont Blanc that as he came near the top, his breathing was much affected and that he could advance but a few steps without stopping to relieve his difficult respiration; the mules of the writer were likewise affected, for they panted strongly and from their mournful cries appeared to have a painful sensation in the chest. In this case the pulse was quickened, there was a throbbing of the arteries, palpitation of the heart, vertigo, dimness of sight, and the traveller was

compelled to sit down to prevent fainting; in many instances to these distressing affections were added nausea, a loathing of food, and an aversion to spirituous liquors, but on resting a short time they all left him in the enjoyment of perfect health, but returned as soon as he attempted to continue his journey; rest and cold water alone afforded relief to the traveller -

Coldness, warmth and moisture are *feels* also exciting causes, the first seems to act by checking cutaneous perspiration and directing action from the surface to the lungs; Cullen thinks that this takes place more frequently in those who are subject to this disease in winter and who have a catarrhal affection accompanying it, some are particularly

affected by heat, and the same writer says that a warm chamber or the warm bath will frequently give rise to a paroxysm, also a change from a colder to a warmer atmosphere such persons are more liable to be attacked in summer than winter -

From the experience of Dr Chapman it appears that the air of the country and suburbs is more unfavourable to the asthmatic disposition than the air of crowded cities, and the air of different cities varies very much in this respect without any sensible difference in the state of the atmosphere, for he asserts that the air of Baltimore is more favourable to asthma than that of Philadelphia. Sir John Floyer mentions a case

when a paroxysm was brought on by
 smoking to relieve a pain in the sto-
 mach; Thomas adds to these exciting
 causes, ^{effluvia} effluvia of new lay, sealing
 wave &c.

Those which act indirectly
 through the medium of the system
 are a disordered state of the alimen-
 tary canal, worms, indigestible food,
 an over-distention of the stomach,
 constipation, a suppression of any accus-
 tomed evacuation as the menstrual
 or haemorrhoidal, (Dr Bree says as
 soon as the discharge is restored, the
 disease disappears) to these causes
 may be added repelled eruptions
 and a metastasis of other diseases as
 Gout &c. Dr Bree enumerates among
 the causes violent vomiting or purging,

the want of food, the neglect of regular meals and a sudden increase in the force of the circulation; the passions of the mind are predisponent or exciting causes, anger increases the circulatory force and according to Dr Boer determines the fluid parts of the blood to the excretories in great waste and quantity, hence the flow of saliva is augmented, Joy seems to act on the same principle while Love, Grief, Terror distress the mind and relax the habit—

The asthmatic cannot indulge in any kind of dissipation with impunity, if he gives rein to his glowing passions in unrelaxing excess he runs the risks of a long train of sufferings for a momentary gratification; which

is but injured, to lose"; heavy suppers are attended with the injurious consequences and Dr. Bruce says whatever is improper in Dyspepsia is equally so in asthma; intense study is numbered among the causes of this disease. It impairs the digestive powers of the stomach and extends its influence to the lungs, which are so intimately connected with this organ —

The premonitory symptoms are flatulency, distention of the stomach a dull and heavy pain over the forehead and eyes, eructation of wind accompanied with water sometimes insipid at other times sour, the weight over the eyes becomes more violent as night approaches, and the patient feels drowsy,

has a shortness of breath, anxiety at the
præcordia attended with restlessness;
about this time company is very
disagreeable to the patient which seems
to produce a heat of body, (but there
is in reality no augmentation of tempe-
rature,) and difficult respiration;
there is also in some cases a sense of
tingling and heat in the neck, ears and
breast with irritability of temper,
these symptoms warn the patient of
the approaching paroxysm - I recol-
lect to have seen a case two or three years ago
in which the patient as soon as he
was threatened with an attack would
request the persons present to leave
the room and to throw open the
doors and windows as he could scarcely
breathe when there were many persons

in the room or when the doors and windows were closed and he would enjoin it on his attendants not to walk about the floor, as it gave him much anxiety and distress, in this case the paroxysm generally came on between 12 & 1 o'clock at night, in most instances the disease makes its attack during the night, but occasionally during the day, Dr. Chopman says the paroxysm usually comes on after the first sleep; on awaking there is a sense of stricture across the chest, the respiration becomes more difficult and the patient is now compelled to change his recumbent to an erect posture, and with seeming suffocation he desires fresh air to be freely admitted into the room, his voice is now much

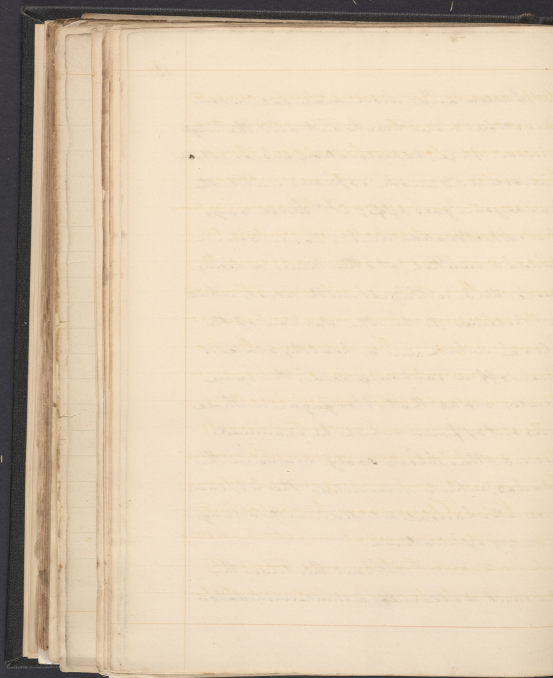
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affected, the difficulty of breathing, increases accompanied with wheezing, the pain is augmented by an attempt to speak which is followed by a disposition to cough, which is small, dry and interrupted, the pulse is small, quick and feeble, sometimes natural, the face is pale and shrunken or turgid and flushed with thirst and heat where there is febrile excitement, during the paroxysm the urine is pale and voided in large quantities, but on the decline of the paroxysm it is high coloured, of its usual quantity and depositing a sediment.

These symptoms generally continue for several hours when they gradually subside, the breathing is slower and less laborious, the pulse is not so quick

but fuller and more natural a per-
 -spiration now breaks out and the cough
 is more free, expectoration ensues which
 is more and more copious until the
 baroxysm goes off; Dr Bree says
 the expectorated mucus has in some in-
 stances a sweetish, at other times a saline
 taste and is tinged with black which
 he believes to be the Carbon of the
 blood, which in a healthy state is
 given off in carbonic acid, the same
 writer states that Morgagni in three
 cases out of four which he examined
 found this black-sooty mucus in the
 glands, which presented the appear-
 ance of Charcoal diluted with a large
 quantity of water—

About this time the
 patient falls into a much wished for



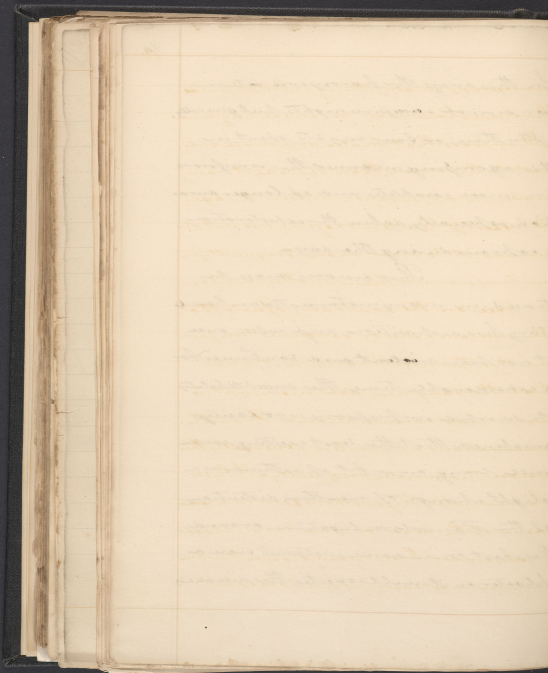
sleep and as the powers of life seem to be nearly exhausted by the constant exertion and labour to support itself this restoration of nature is induced to recruit the powers of the constitution and render it capable of resisting the repeated attacks which it is doomed to suffer; this state of repose is attended with wheezing, which may continue for several days; in the morning, the patient feels much relieved, still however there is a slight difficulty of breathing, with some stricture across the breast; these symptoms are aggravated when the patient is in a horizontal position, Sir John Floyer says he could put off a fit for several nights by sitting up late and that he was frequently compelled to leave his bed and sleep

in a chain the first night of the attack
 particularly in summer—

In the afternoon
 there is much flatulency of the stomach
 and a great propensity to sleep, as
 night approaches these symptoms become
 more violent followed by difficulty
 of breathing which gradually increases
 until it is as distressing as it was the
 preceding night which runs the same
 course; But says Cullen if the respi-
 ration has not been much interrupted
 during the day and the patient has
 slept some in the early part of the
 night he is however waked about mid-
 night or at some time between mid-
 night and 2 o'clock in the morning,
 and is then seized suddenly with a fit
 of difficult breathing."

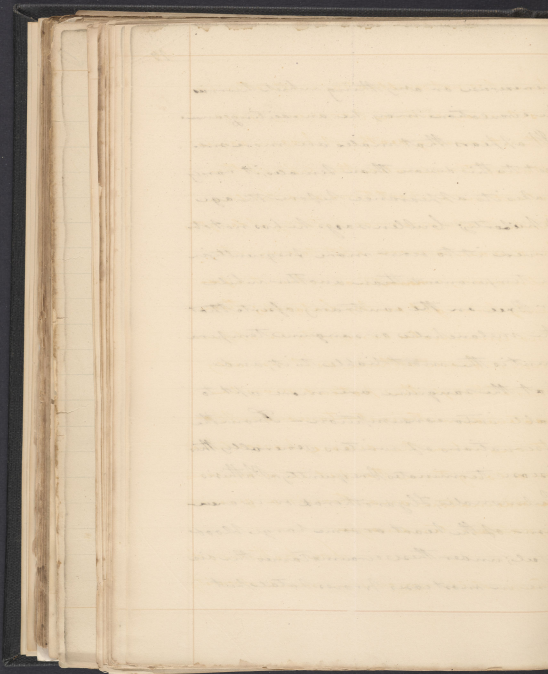
In this way the paroxysms return for several successive nights, but generally after three or four nights spent in this agonizing manner the remissions are more complete and of longer duration especially when the expectoration is copious during the day -

This disease may be traced in many instances to an hereditary predisposition, and when once it has been violent and continued for a considerable time the susceptibility to morbid impressions is so easily awakened that the least exciting cause will bring on a fit of asthma, or a slight change of weather, distention of the stomach, a ligature around the chest or in some instances even a plaster on it will excite the disease,



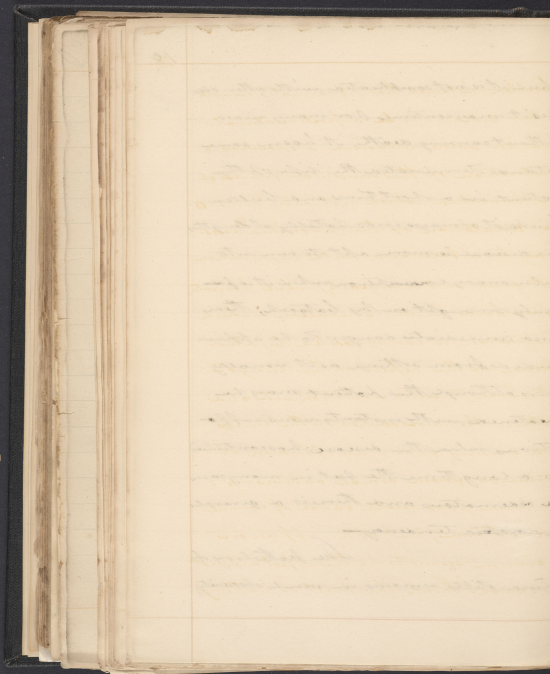
overexercise or any thing which hurries
the circulation may be an exciting cause.

It appears that males are more sub-
ject to this disease than females, it rarely
makes its appearance before the age
of puberty; Cullen says he has not ob-
served it to occur more frequently in
one temperament than another while
Dr Bree on the contrary asserts that
the melancholic or sanguine tempera-
ment is the most liable to it, and
that the sanguine are more apt to
fall into consumption - From the
observations of writers generally this
disease terminates frequently in Phthisis
Pulmonalis, Hydrothorax or in an en-
largement of the heart or some large blood-
vessel; under these circumstances the dis-
ease in most cases proves fatal, but



when it is not complicated with other diseases it may continue for many years without causing death, it has in some instances terminated the life of the patient in a short time and Cullen thinks it always ends fatally at length, this disease is more apt to run into pulmonary consumption when it is frequently brought on by Catarrhs; there is no immediate danger to be apprehended from asthma as it usually occurs although the patient may be threatened with instantaneous suffocations when the disease has continued for a long time the feet in many cases are oedematous and there is a general hydropic tendency—

The pathology of asthma still remains in much obscurity



Cullen believes the proximate cause of this disease to be a preternatural and in some measure a spasmodic constriction of the muscular fibres of the bronchia, which not only prevents the dilatation of the bronchia necessary to a free and full inspiration, but gives also a rigidity which prevents a free and full expiration, which constriction is easily excited by a turbulence of the vessels of the lungs."

Dr Bree thinks irritation situated within the air-vessels of the lungs and arising from an effusion of serum or from aerial acrimony is the true proximate cause of consumptive asthma, but as the effusion of serum seems to be the effect and not the cause. I think this part of his theory

The first of these is the fact that the
 system is not a simple one, but a
 complex one, involving a number of
 factors, and the result of the
 interaction of these factors is the
 system. The second is the fact that
 the system is not a static one, but a
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 complex one, involving a number of
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 interaction of these factors is the
 system.

is objectionable; Dr. Chopman thinks there is always a spasmodic constriction of the lungs; it is not to be expected that I should support any theory on this subject, but if I were allowed to advocate either it would be Dr. Chopman's, as all of his theories are so ably and so handsomely sustained and so accordant with my ideas of disease and moreover as his practice deduced from them is managed with so much skill and success, it would be arrogance in me to call in question their correctness. Dissections have not thrown much light on this disease, after sudden death the lungs have presented a perfectly healthy appearance and there were no traces of morbid action, this is not

the case when the disease has been of long standing, Morgagni has found the lungs in a diseased state and the air-cavities filled with frothy mucus, the heart was in some instances diseased, he mentions a case where asthma was running, out of the patient's mouth while dying -

Cullen says the diagnosis is easy, when it comes on by fits, it may be distinguished from other species of dyspnoea, whose causes being more constantly applied, produce therefore a more constant difficulty of breathing; it is seldom that asthma has been cured particularly when of long standing, but when it occurs in early life, in a good constitution and is not an hereditary disease, I expect it may in many instances

be used if medical aid is called in before the disease gets too strong, & holds on the system—

The treatment is divided into that which is proper during the paroxysm and that which is necessary in the remission. The utility of bloodletting in this disease seems to be a disputed point for while some writers denounce the practice, others as strenuously support it, from the difficult transmission of blood through the lungs it would appear at first sight that this remedy, would afford more relief than any others, but from the testimony of some distinguished writers the beneficial effects of bloodletting have

fallen short of their expectations; at the same time it is highly recommended by them when properly resorted to in the first stage of the disease and especially when there is febrile excitement bloodletting is of the first importance or in plethoric habits both to unload the pulmonary vessels and prevent the organic derangements which are often consequent on this disease, "Dr Chapman says the pulse is not to be taken as our guide but the whole chain of circumstances must be considered and particularly the suffering of the patient, he also says there are cases in which venesection is absolutely injurious, under these circumstances instead of general he recommends topical bleeding—

Cullen is very much in favour of blood-letting in the first attacks and especially in young and plethoric persons and "he goes on to say that it is evident under the frequent recurrence of fits, bloodletting, cannot be frequently repeated without exhausting, and weakening, the patient too much, but as the disease by continuing, generally takes off the plethoric state of the system so after the disease has continued for some time I alledge that bloodletting becomes less and less necessary." Dr Bree condemns bleeding in every species except the second which arises from acrid acrimony, yet he admits that it may be beneficial before the reflux of the humors have relieved themselves by

I have been thinking of you very much lately
 and wondering how you are getting on.
 I hope you are well and happy.
 I have been very busy lately
 but I have managed to find some time
 to write you a few lines.
 I have been thinking of you very much lately
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 I hope you are well and happy.
 I have been very busy lately
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 to write you a few lines.

effusions, in the other species he says it does not shorten the paroxysm but prevents expectoration. I think the cases to which it is applicable and the circumstances under which it should be employed have been sufficiently pointed out above by Cullen—

Purgatives are nearly abandoned in this disease, they appear to have no decided efficacy in asthma and should be administered only with a view to keep the bowels soluble and prevent constipation, as this state of the primæ viæ sometimes excites a paroxysm. Cullen says emollient enemata have given considerable relief in the paroxysm—Emetics are particularly called for in this disease both to relieve flatulency

of the stomach and other symptoms of indigestion as well as to direct action from the lungs to the surface; Cullen says in certain cases where a fit was expected to come on in the course of ^{the} night a vomit given in the evening has frequently seemed to prevent it; a gentle emetic given during the paroxysm in many cases is of signal utility; although this practice has been condemned by some practitioners I should not hesitate to prescribe an emetic in the fit and where there is much stercile movement I would precede it by sudoraction Dr Bruce who is opposed to this practice acknowledges that he has vomited freely in the commencement of the

purgation with decided advantage
 but he believes it to be generally inju-
 rious, in this I differ from this mis-
 ter and I am supported by very
 high authority in my opinion, besides
 the very nature of the case seems to
 indicate the importance of emetics
 in the purgation, for here we have
 the stomach distended with flatulency
 which in many instances will of itself
 excite a fit, moreover symptoms of
 dyspepsia often present themselves
 which may be effectually relieved
 removed by an emetic, under these
 circumstances I think no physician
 would, in rejecting them, do justice
 to his patient, Ipecac is preferred in this
 disease from the mildness and known
 efficacy of its operation, others may be

used, but ipecac seems to be more particularly suited to this disease than any other emetic, Dr Bree gives this medicine the preference, next to it he places tartar emetic and antimonial wine; it is a point yet undecided whether we should vomit or only nauseate in this disease, I think the proper practice would be to produce vomiting in the paroxysm particularly in the first fits and when the alimentary canal is in a disordered condition, to remove all peccant matters; and during the intermission to nauseate with a view to promote expectoration and to produce an alterative effect—

Expectorants are much used in this disease and seem to have a very

decided effect in relieving the violent symptoms of the paroxysm, the Squill is very applicable to recent cases but when it occurs in old persons and has been of long standing, more stimulating expectorants are required as a combination of Squill and Senega &c, the powers of Squill are said to be increased by combining it with Ipecac.

Dr Chapman thinks a combination of Lac Ammoniac and Nitric acid is especially applicable to old Asthmatics. Antispasmodics have also a considerable reputation in this disease of these, Opium is generally chosen, if they are administered in the onset of the disease, before the excitement of the system is reduced they are injurious, but when there is no excitement

they may be advantageously employed,
Dr Bree thinks they have no decided
influence in shortening the paroxysm
of the first species but that they are
very well adapted to the fourth species
in which the convulsive motion is kept
up by habit, to effect his purpose he
selects opium and says its powers are
much enhanced by combining it with
Ether; Blisters have not proven very
useful in this disease, they are said
to operate more kindly when applied
to the extremities, large draughts of the
coldest water have been recommended
in the paroxysm also hot water, and
strong coffee, it appears that Sir
John Floyer used it with unequi-
vocal benefit in the latter part of his
life, he had it made very strong,

It may be necessary to mention
 the other things they have a record
 of in connection with the
 the first of these is that they are
 very well adapted to the conditions
 in which the country is now a little
 it is to be seen that the
 is not only a very good
 must be taken into account
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and drink it without sugar or milk, when used in this way it is said in some instances to have relieved a paroxysm of spasmodic asthma, sitting with the feet near the fire and toasting them as it were has been tried and probably with a good effect; inhalation of vapours have sometimes proved beneficial by increasing expectoration and thereby relieving the lungs of oppression simple hot water and vinegar may be used or what is better a teaspoonful of Hoffmanns anodyne liquor and another of Laudanum, which is a favourite prescription of Dr Physics he recommends the vapour to be inhaled for half an hour at a time, theatura stramonium has been highly extolled as a palliative in Asthma, the root of

the plant is the part that is used, it is first dried and bruised, and then it is smoked and the smoke inhaled, it frequently moderates the violence of the symptoms and abridges the paroxysms, the fumes coming in contact with the lungs produce a sense of warmth and increase expectoration, it sometimes however affords no relief to the suffering patient. Tobacco is said by some to be equally efficacious; although these articles sometimes palliate the disease still they are at other times mischievous and will aggravate the existing symptoms.

The preceding treatment is only applicable during the paroxysm, but the most important part yet remains to be accomplished, for we are now to direct our remedial agents to the

eradication of the disease, to break up the chain of morbid associations which habit has established and to impart tone and vigour to the system, to meet this indication tonics must be resorted to, and as the alimentary canal is generally, in a relaxed and disordered condition our attention must be directed to the restoration of its healthy action; the preparations of Iron are well suited to this end, St Bree speaks very highly of them and goes so far as to say that he has seen a Laryngism cut short by the use of Rubigo Ferri in one grain doses every four hours after all other means had failed, their efficacy is much increased by combining them with bitters or Peruvian bark, if one tonic should fail we should employ others and as

they lose their effect on the system by frequent repetition we must vary them and in this way we may return to the article first employed with a good effect, in this manner alone can we expect to make a permanent cure.

Dr Ball attributes the want of success in so many cases to the too short continuance of these remedies for says he in order that they should have a decidedly invigorating effect and impart tone to the stomach and system generally they should be steadily persevered in for a considerable length of time—

In more violent cases where the disease is kept up by effusion of serum in the lungs diuretics must be employed to take off the determination from the lungs to the kidneys

the Squill and Lincka seem to have the preference, digitalis has been recommended by some writers but it seems to be inferior to the two articles above mentioned, a combination of colocel and Squill is recommended at this stage of the disease by Dr Chapman; Garlic has been used in this disease also two pills probably with a good effect. Myrror has been employed and its powers are said to be increased by Peruvian bark or some vegetable bitter - Cold nothing is spoken of in the highest terms by Dr Bree, he says it is one of the most valuable remedies in asthma in the absence of the horaxysm; as we are so well acquainted with its known powers in

intermittents which are kept up by habit we may, reasoning from analogy conclude that it is equally applicable to this form of asthma. A due attention to diet is of primary importance to the establishment of a perfect cure, every excess in eating and drinking must be cautiously avoided; the diet should be of light and digestible food, every species of food which produces flatulency must be proscribed, all fermented, spirituous and vinous liquors are injurious; the changes of weather must be guarded against as they are exciting causes—

As in many cases this disease depends upon an hereditary predisposition which baffles the skill

and disseminating, judgement of the most enlightened practitioner, we can only expect to prevent its return by avoiding the exciting causes. Flannel should be worn next to the skin to keep up a glow upon the surface, this is particularly important and I should suppose a buckskin shirt would answer a very good purpose in this disease; exercise should not be neglected as riding on horse-back or in a carriage, the former is the best, sailing is also beneficial, hard labour or long jaunties sometimes effect a cure; the toil and fatigue of a camp have been known to remove asthma of long standing, Dr Chapman mentions some cases which were cured during the last war by the exposure and

hardships of military life; The place of residence must be determined on by the asthmatic for while some will find themselves most comfortably situated in a large city, others cannot breathe except in the pure air of the country; Cullen thinks the air of low grounds is tolerably free and dry is generally more suitable to asthmatics than the air of mountains.

The most skillful practitioner will often be mortified to see that his remedies have no command over this obstinate and indomitable disease, and is compelled to abandon it and confide in the resources of nature, which are in most cases incompetent to the task; and thus the patient is forced to drag out a miserable existence—

